

CALIFORNIA DRIVER LICENSE

DL 5921

CLASS C
END NONE

EXP 09/26/2020
LN MOUNIER
FN DAVID WAYNE

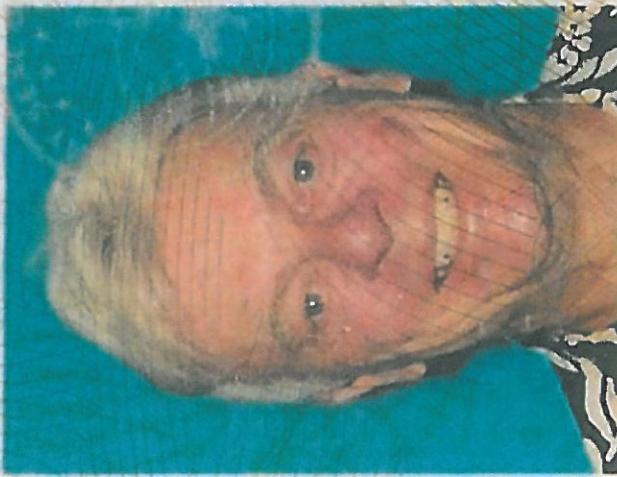
DOB [REDACTED] /1943
RSTR CORR LENS

DONOR

[REDACTED] 1943

SEX M HAIR GRY EYES BLU
HGT 6'-02" WGT 190 lb DMV
DD [REDACTED]

ISS
09/22/2015



CERTIFICATE OF TRUST

This Certificate of Trust, executed by the Grantors and Trustees of **The Donald S. and Dorothy R. Tomlin 1979 Living Trust** hereinafter referred to as the "Trust") sets forth the designation of the Trustees and the powers of the Trustees, and in accordance with Chapter 164 of the Nevada Revised Statutes, may be relied upon by any person dealing with the Trust or Trustee.

The Grantors and Trustees certify and state under penalty of perjury as follows:

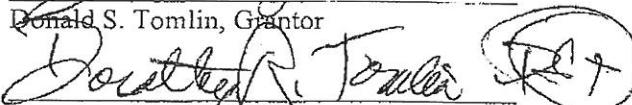
1. Donald S. Tomlin and David Wayne Mounier are designated as Co-Trustees. Either Co-Trustee, acting alone, may act on behalf of the Trust. Upon the death of **Donald S. Tomlin**, then **Ronald C. Tomlin, David Wayne Mounier and Donald C. Mounier** shall serve as successor Co-Trustees. Should any of them be unable or unwilling to serve as successor Co-Trustee the others shall serve as successor Co-Trustees. All action by the successor Co-Trustees after the death of **Donald S. Tomlin** shall require their majority consent to be valid.

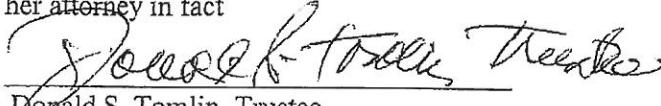
2. The Trust may be revoked or amended by the Grantors during their lifetimes.

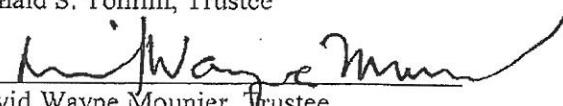
3. The Trustees and all successor Trustees have, among other powers, the powers set forth in NRS Sections 163.265 to 163.410 inclusive, and the power to sell, mortgage and lease trust property. The Trustees and all successor Trustees may also borrow money and invest in all forms of assets on behalf of the Trust. No person dealing in good faith with a Trustee in any transaction shall be responsible to confirm the Trustee's power or to verify any provisions of the trust instrument.

Abstract and certification dated May 31, 2006.


Donald S. Tomlin, Grantor


Dorothy R. Tomlin, Grantor by Donald S. Tomlin
her attorney in fact


Donald S. Tomlin, Trustee


David Wayne Mounier, Trustee

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — VITAL STATISTICS

CERTIFICATE OF DEATH

7990

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX)		2. DATE OF DEATH (Mo/Day/Year)		3a. COUNTY OF DEATH			
	Donald S TOMLIN		May 17, 2012		Clark			
DECEDENT	3b. CITY, TOWN, OR LOCATION OF DEATH		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number)		3e. If Hosp. or Inst. indicate DOA OP/Emr. Rm. Inpatient(Specify)			
	Las Vegas		7145 Beverly Glen Av		Home			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	5. RACE (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years)	7b. UNDER 1 YEAR 84 MOS DAYS HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr)	
	White		84		84		January 09, 1928	
9a. STATE OF BIRTH (If not U.S.A., name country)		9b. CITIZEN OF WHAT COUNTRY		10. EDUCATION		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name)
California		United States		12		Married		Dorothy Ruth DALTON
PARENTS	13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)		14b. KIND OF BUSINESS OR INDUSTRY		Ever in US Armed Forces? Yes	
	1217		Entrepreneur		Self Employed		Yes	
DISPOSITION	15a. RESIDENCE - STATE	15b. COUNTY	15c. CITY, TOWN OR LOCATION	15d. STREET AND NUMBER	15e. INSIDE CITY LIMITS (Specify Yes or No)			
	Nevada	Clark	Las Vegas	7145 Beverly Glen Av	Yes			
16. FATHER PARENT - NAME (First, Middle, Last, Suffix)		17. MOTHER PARENT - NAME (First, Middle, Last, Suffix)						
Nicolas William TOMLIN		Lucy Craig CURLETT						
18a. INFORMANT - NAME (Type or Print)		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)						
Ronald TOMLIN		6051 Halehaven Dr. Las Vegas, Nevada 89110						
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)		19b. CEMETERY OR CREMATORIAL NAME		19c. LOCATION		City or Town State		
Cremation		Valley Memorial Crematory		Henderson		Nevada 89014		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)		20b. FUNERAL DIRECTOR LICENSE		20c. NAME AND ADDRESS OF FACILITY				
FRANK ZIMMERMAN SIGNATURE AUTHENTICATED		15		Valley Funeral Home 3919 Raymond Dr. Las Vegas, NV 89121				
TRADE CALL - NAME AND ADDRESS								
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)					
	STEVEN DOUGLAS LAMPINEN M.D. SIGNATURE AUTHENTICATED							
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		
May 23, 2012		16:25						
21d. NAME OF ATTENDING PHYSICIAN AND OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)				
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		Steven Douglas Lampinen M.D. 517 Rose Street Las Vegas, NV 89106		23b. LICENSE NUMBER		8754		
24a. REGISTRAR (Signature)		NINETTE HARRINGTON SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)		24c. DEATH DUE TO COMMUNICABLE DISEASE		
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						
PART I		Interval between onset and death						
(a) Cardiopulmonary arrest								
DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death						
(b) Dementia								
DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death						
(c) Chronic obstructive pulmonary disease								
DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death						
(d)								
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I.		26. AUTOPSY (Specify Yes or No)						
28a. ACC., SUICIDE, HOM., UNFT. OR PENDING (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED		
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No.		CITY OR TOWN STATE		
STATE REGISTRAR								

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

VRS-Rev-20120523a

NOT VALID WITHOUT THE RAISED
SEAL OF THE SOUTHERN NEVADA
HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H.
Registrar of Vital Statistics

By:

Date Issued: JUN 07 2012

PROOF OF CLAIM

Name of Debtor:

OSA Commercial Mortgage
Company

Case Number:

06-10725-LBR

NOTE: See Reverse for List of Debtors and Case Numbers.

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address:

11321241008421

DONALD S TOMLIN AND DOROTHY R TOMLIN
TRUSTEE OF THE DONALD S TOMLIN
7145 BEVERLY GLEN AVE
LAS VEGAS NV 89110-4228 Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court.

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number () 702-453-6074

Last four digits of account or other number by which creditor identifies debtor:

1217

Check here replaces
if this claim or
amends

a previously filed claim dated: _____

1. BASIS FOR CLAIM

Goods sold Personal injury/wrongful death
 Services performed Taxes
 Money loaned Other (describe briefly)

 Retiree benefits as defined in 11 U.S.C. § 1114(a) Unremitted principal Wages, salaries, and compensation (fill out below) Other claims against servicerLast four digits of your SS #: 1217

Unpaid compensation for services performed from: _____ to _____

(date) (date)

2. DATE DEBT WAS INCURRED: various dates

3. IF COURT JUDGMENT, DATE OBTAINED:

4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.
See reverse side for important explanations.UNSECURED NONPRIORITY CLAIM \$ 2,779,806 interest
 Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority (see attached description)

SECURED CLAIM (See attached description of claim)

 Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral:

 Real Estate Motor Vehicle Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

 Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____).

* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5. TOTAL AMOUNT OF CLAIM \$ 2,779,806 \$ _____ \$ _____ \$ 2,779,806
AT TIME CASE FILED: (unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

6. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim (See attached)

7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).

BY MAIL TO:
BMC GroupAttn: USACM Claims Docketing Center
P. O. Box 911
El Segundo, CA 90245-0911

THIS SPACE FOR COURT USE ONLY

BY HAND OR OVERNIGHT DELIVERY TO:

BMC Group
Attn: USACM Claims Docketing Center
1330 East Franklin Avenue
El Segundo, CA 90245DATE 11/8/06 SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Donald S. Tomlin Trustee

(3)

USA Commerical Mortgage Company ("USA")
 as Loan Servicing Agent for
 Amesbury/Hatters Point
 as of June 30, 2006

Vesting Name: Donald S. Tomlin & Dorothy R. Tomlin Trustees of the Donald S. Tomlin & Dorothy R. Tomlin Revocable Trust dated 10/24/79

Address: **DONALD S TOMLIN & DOROTHY R TOMLIN
 REVOCABLE TRUST DATED 10/24/79
 C/O DONALD S TOMLIN & DOROTHY R TOMLIN TRUSTEES
 7145 BEVERLY GLEN AVE
 LAS VEGAS, NV 89110-4228**

Client ID: 3217

Performance Evaluation: Non-Performing

1. Original Principal Investment	\$150,000
2. Principal Investment Assigned Out	0
3. Net Principal Investment	<u>\$150,000</u>
4. Principal Payments Made by Borrower to USA	\$12,633
5. Principal Payments Remitted by USA to Lender	<u>12,633</u>
6. Principal Payments Unremitted by USA to Lender	\$0
7. Interest Paid to USA by Borrower, net of service fee	\$49,331
8. Interest Remitted or Advanced by USA to Lender	<u>49,223</u>
9. Interest Due to (from) Lender	\$108
10. Unremitted Principal held in Collection Account	\$0
11. Interest Due to (from) Lender	<u>108</u>
12. Net Amount Currently Due to (from) Lender	\$108
13. Unremitted Principal not held in Collection Account	\$0
14. Interest Unpaid to USA by Borrower, net of service fee	\$5,707

This statement is provided for information purposes only and is intended for the sole benefit of the named vested party. This statement is not intended to represent a loan payoff quote. USA reserves the right to update and supplement this statement.

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